Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California **Form** Los Angeles County For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors, Fourth District Designated Agency Contact (Name, Title) Nancy Herrera, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: . (213) 974-4444 nherrera@bos.lacounty.gov (month, day, year) 2. Function or Event Information Yes ☑ No ☐ Face Value of Each Ticket/Pass \$ 99 &168 Does the agency have a ticket policy? Event Description: LA Philharmonic Performance Date(s) 05 / 06 / 3.

Provide Title/ Expla			
Ticket(s)/Pass(es) provided by agency? Yes	□ No⊠ I	no: Walt Disney Concert Hall	
Was ticket distribution made at the behest Yes of agency official?	□ No⊠ ^I	f yes:Official's Name (Last, First)	
Recipients • Use Section A to identify the agency's department or unit.	Use Section B to	identify an individual. • Use Section C to identify an	outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant	to the agency's policy
Board of Supervisors	4	Ticket Policy Sec 5.3(k)	
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the followi	ng:
		Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe b	Income
		Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe by	Income _
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant	to the agency's policy
Verification			
I have read and understand FPPC Regulations 18944 with the requirements.	1.1 and 18942.	I have verified that the distribution set forth a	bove, is in accordance
	cy Herrera	Ticket Administrator	05/31/17
Signature of Agency Head or Designee P	rint Name	Title	(month, day, year)
Comment: 2-Terrace tickets valued at \$99 and 2	2-Orchestra ti	ckets valued at \$168	

FPPC Form 802 (2/2016)

gency Report of

	gency Report of: eremonial Role Even	ts and Ticket/F	ass Distr	ibutions	Α	Public Document	
1.	Agency Name				Date Stamp	California 802	
	Los Angeles County					Form OUZ	
	Division, Department, or Reg	ion (if applicable)			1	For Official Use Only	
	Board of Supervisors, Fourth District						
	Designated Agency Contact	Name, Title)		* 145000000000000000000000000000000000000	1		
	Nancy Herrera, Ticket Admi	nistrator			Amendment (Must Pr	ovide Explanation in Part 3.)	
35	Area Code/Phone Number	E-mail			Amendment (Wast)	ovide Explanation in Part 3.)	
	(213) 974-4444	nherrera@bos.laco	ounty.gov		Date of Original Filing: _	(month, day, year)	
2.	Function or Event Infor	mation			00	9100	
	Does the agency have a tick	ket policy? Yes	⊠ No 🗆 F	ace Value of	Each Ticket/Pass \$ 99 &168		
	Event Description: LA Philha	armonic Performanc	е [Date(s)05	<u>, 07 , 17 , , , , , , , , , , , , , , , , ,</u>		
	Tiplest(a)/Dana(as) provided	Provide Title/ Expla		wa. Walt Dis	nev Concert Hall		
	Ticket(s)/Pass(es) provided	by agency? Yes I	□ No 🛛 I	r no: <u>Trait Bio</u>	visney Concert Hall Name of Source		
	Was ticket distribution made	at the behest Yes I	□ No⊠ I	f yes:	Official's Name (Last, First)		
	of agency official?				Official's Name (Last, First)		
3.	Recipients						
	• Use Section A to identify the agen	cy's department or unit. •	Use Section B to	identify an individ	ual. • Use Section C to identi	fy an outside organization.	
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Passes	Describe th	cribe the public purpose made pursuant to the agency's policy		
	Board of Supervisors		4	Ticket Policy	icket Policy Sec 5.3(k)		
						-	
	B. Name of Indi (Last, First		Number of Ticket(s)/ Passes		Identify one of the fo	llowing:	
	a a				nonial Role Other Other description of the descript	Income In	
					nonial Role Other Other descripting "Ceremonial Role" or "Other" descriptions	Income Cribe below:	
	C. Name of Outside Or (include address and		Number of Ticket(s)/ Passes	Describe the	e public purpose made purs	uant to the agency's policy	
	Verification			<u> </u>		Language Control	
١.	Verification I have read and understand FPI	PC Regulations 18044	1 and 18042	I have verified t	hat the distribution set for	th ahove is in accordance	
	with the requirements.	O Negulations 10944	. i and 10942.	i nave venileu l	กละ เกษ นารเกมนเบก 56(10)	ar above, is ill accordance	
	n	Nanc	cy Herrera		Ticket Administrator	05/31/17	
	Signature of Agency Head or Design	The second secon	rint Name		Title	(month, day, year)	

Comment: 2-Terrace tickets valued at \$99 and 2-Orchestra tickets valued at \$168

Agency Report of:

C	eremonial Role Even	ts and Ticket/P	ass Distr	ibutions	A	Public Document
1.	Agency Name				Date Stamp	California 802
	Los Angeles County					
	Division, Department, or Reg	ion (if applicable)				For Official Use Only
	Board of Supervisors, Fourt				ļ	
	Designated Agency Contact					۷.
	Nancy Herrera, Ticket Admi				Amendment (Must)	Provide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				00. Tao 31
	(213) 974-4444	nherrera@bos.lacc	unty.gov		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation				
	Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of I			Each Ticket/Pass \$ $\frac{1}{2}$	68	
	Event Description: LA Philh	armonic Performance Provide Title/ Explai	e [Date(s)05	<u>, 14 , 17 </u>	
	Ticket(s)/Pass(es) provided	by agency? Yes [□ No⊠ I	f no: Walt Dis	ney Concert Hall Name of Source	<u> </u>
	Was ticket distribution made of agency official?	at the behest Yes [□ No⊠ ^I	f yes:	Official's Name (Last, First)	
3.	Recipients • Use Section A to identify the agen	cy's department or unit. •	Use Section B to	identify an individ	ual. • Use Section C to iden	tify an outside organization.
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Passes	Describe th	e public purpose made pu	rsuant to the agency's policy
	Board of Supervisors		4	Ticket Policy	Sec 5.3(k)	
	B. Name of Indi		Number of Ticket(s)/ Passes		Identify one of the	following:
					nonial Role Other Carlon Other Carlon (Ceremonial Role" or "Other" de	
	·			1	nonial Role Other C	
	C. Name of Outside O (include address and		Number of Ticket(s)/ Passes	Describe th	e public purpose made pu	suant to the agency's policy
_	Varification					
١.	Verification I have read and understand FP	PC Regulations 18944	.1 and 18942.	I have verified t	that the distribution set f	orth above, is in accordance
1429	with the requirements.					
	Vanen Illen De	v Nano	y Herrera		Ticket Administrator	05/31/17
	Signature of Agency Head or Design		int Name		Title	(month, day, year)

Agency Report of:

C	eremoniai Role Even	ts and licket/F	ass Distr	ibutions	Α	Public Document	
1.	Agency Name				Date Stamp	California 802	
	Los Angeles County					Form OUZ	
Division, Department, or Region (if applicable)					8	For Official Use Only	
	Board of Supervisors, Fourt	h District					
	Designated Agency Contact (Name, Title)				1		
	Nancy Herrera, Ticket Admi	Nancy Herrera, Ticket Administrator					
	Area Code/Phone Number	E-mail			Amendment (Must Pr	ovide Explanation in Part 3.)	
	(213) 974-4444	nherrera@bos.lacc	ounty.gov		Date of Original Filing: _	(month, day, year)	
2.	Function or Event Infor	mation	111111111111111111111111111111111111111				
	Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of I				Each Ticket/Pass \$ 99		
	Event Description: LA Philh	Provide Title/Evola	nation	Date(s)	, 26 , 17		
	Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? You I No Ed. If no: Walt Dis			ney Concert Hall			
	Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑ If no: Walt Dis			Name of Source			
	Was ticket distribution made	at the behest Yes I	□ No⊠ II	f yes:			
	of agency official?				Official's Name (Last, First)		
3.	Recipients				c c		
	Use Section A to identify the agen	cy's department or unit. •	Use Section B to i	identify an individ	ual. • Use Section C to identi	fy an outside organization.	
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Passes	Describe th	escribe the public purpose made pursuant to the agency's policy		
	Board of Supervisors		.4	Ticket Policy	Sec 5.3(k)		
	B. Name of Indi		Number of Ticket(s)/		Identify one of the fo	llowing:	
	(Last, Firs	st)	Passes				
					nonial Role Other Other of "Other" descriptions of the control of	Income Income	
					onial Role Other of Other of Other of Other descriptions of Other descriptions of Other of Other of Other of Other of Other of Other		
	C. Name of Outside Or (include address and		Number of Ticket(s)/ Passes	Describe the	e public purpose made purs	uant to the agency's policy	
						b	
	Verification	DO D					
	I have read and understand FP. with the requirements.	PC Regulations 18944	.1 and 18942.	I have verified t	hat the distribution set for	th above, is in accordance	
	h 2-			Tiplest Administrate	05/04/47		
	Signature of Agency Head or Design		rint Name		Ticket Administrator	05/31/17 	
	Signature of Agency Flead of Design		THE NAME		TIMO	(month, day, year)	
	Comment:						